

Congress of the United States
House of Representatives
Washington, DC 20515-2004

August 10, 2021

Rear Admiral Brian P. Monahan, MD, MACP
Attending Physician of the United States Congress
H-166, U.S. Capitol
Washington, DC 20515-9086

Dear Dr. Monahan:

We would like to thank you for taking the time to meet with the Republican members of the House of Representatives on July 28th, and for committing to communicate concurrently with Republican Leadership when any future recommendations or guidance are being discussed with the Democrat Leadership. Moving forward, we would also appreciate increased transparency regarding the clinical evidence guiding House campus recommendations and clarity on what metrics you will be reviewing to determine when the mask requirement can be lifted.

The GOP Doctors Caucus, in partnership with Republican Leadership, has repeatedly encouraged our constituents, colleagues, and the American public to consult with their physician about getting vaccinated. Our U.S. vaccines are highly effective, and breakthrough symptomatic cases are exceedingly rare. As of July 26th, of the over 163 million Americans who have been vaccinated, there have been fewer than 5,000 hospitalizations related to breakthrough cases.¹ This represents only 0.003% of vaccinated individuals in America.

That is why we are concerned with the messaging coming from officials in Washington, including through your most recent mask mandate. When issued, the mandate was not only inconsistent with the best available science but also went beyond the Centers for Disease Control and Prevention (CDC) guidance. At the time your recent mask mandate was issued, none of the studies cited by the CDC provided evidence that vaccinated individuals in the U.S. are likely vectors for viral transmission. Although one study cited by the CDC at the time suggested the small number of individuals experiencing modeled symptomatic breakthrough infections carry a higher viral load, we question that study's relevance to the broader situation in the United States, much less within the Capitol Complex. That study included only individuals in India who received vaccines that are not authorized for use in the U.S. Additionally, this study has not undergone peer review and has also been rejected by at least one medical publication. Nonetheless, you referenced this study in your memo to Members on July 27th as supporting evidence for the reimposition of the mask mandate in the House. Given that many of us are medical professionals, we find this particularly concerning. Perhaps more troubling, when we questioned you on this matter, you seemed unaware of the contents or origins of the study.

We remain concerned that the CDC has yet to provide evidence for the claim that vaccinated individuals are transmitting COVID-19 as quickly as unvaccinated individuals. According to the agency itself:

¹ <https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html>

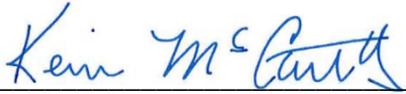
“Finally, Ct values obtained with SARS-CoV-2 qualitative RT-PCR diagnostic tests might provide a crude correlation to the amount of virus present in a sample and can also be affected by factors other than viral load. ... However, microbiological studies are required to confirm these findings.”

The CDC has since released some of the unpublished data used to justify its recommendation for vaccinated individuals to wear masks in areas with high rates of community transmission. One cited example was Provincetown, Massachusetts, where of the estimated 60,000 visitors during a recent period, 1.3 percent of about 57,000 vaccinated individuals tested positive, compared to 8.3 percent of about 3,000 unvaccinated individuals. There were only 4 hospitalizations among the fully-vaccinated breakthrough cases (representing 0.0078% of all vaccinated population). This data shows that the vaccines approved under Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA) are highly effective against symptomatic infection. The data does not yet exist to show whether viable viral spread is occurring or whether asymptomatic viral loads are higher, and the latest data suggests that viral load itself, whether viable or not, rapidly diminishes. As we continue learning about SARS-CoV-2, we hope you will constantly validate the sources of data, which is of the utmost importance for public health decisions.

Finally, we were deeply troubled to hear you explicitly state that your most recent guidance went beyond the CDC’s recommendation, which counsels that any mask policy recommended by your office pertaining to the Capitol Complex be tied to the level of local community transmission here in Washington, D.C. We understand that Washington, D.C., is currently in the “substantial” category, but it was not at the time you made the decision. Instead, your guidance was based on the fact that Members of Congress travel to and from diverse parts of the country, a factor not indicated for consideration by the latest CDC guidance. As such, we strongly urge you to explicitly state the relevant areas in which the level of community transmission will be used to determine the duration of the mask requirements, as articulated in your latest guidance, since it is possible that there will continue to be a “hotspot” elsewhere in the country that has minimal impact on the Capitol Complex.

We appreciate your discussion with us and ask that you put forward future medical recommendations with documented evidence, transparency, and bipartisan communication. We look forward to your office issuing clarification on what metrics you are following to determine the appropriate duration of your most recent mask mandate. Thank you for your attention to this important matter.

Sincerely,



Kevin McCarthy
Republican Leader



Andy Harris, M.D.
Member of Congress



Brad Wenstrup, D.P.M.
Member of Congress



Michael C. Burgess, M.D.
Member of Congress



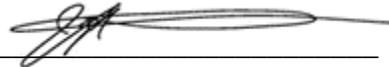
Brian Babin, D.D.S.
Member of Congress



Larry Bucshon, M.D.
Member of Congress



Earl L. "Buddy" Carter
Member of Congress



Jefferson Van Drew, D.M.D.
Member of Congress



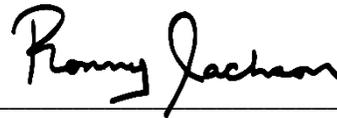
Neal P. Dunn, M.D.
Member of Congress



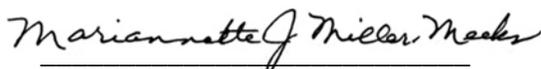
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Member of Congress



Diana Harshbarger
Member of Congress



Ronny L. Jackson, M.D.
Member of Congress



Mariannette J. Miller-Meeks, M.D.
Member of Congress